



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ANNUAL GIVING Commitment of Support

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Address \_\_\_\_\_ Best Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Directed to Branch (optional) \_\_\_\_\_

## My Commitment Level to the YMCA

\_\_\_ \$10,000 Williams' Society Member    \_\_\_ \$1000 Leader's Club/Emerging Leaders    \_\_\_ \$100 Supporter  
\_\_\_ \$5000 Chairman's Cabinet    \_\_\_ \$500 Impact Sponsor    \_\_\_ Other \$ \_\_\_\_\_  
\_\_\_ \$2500 President's Council    \_\_\_ \$250 Difference Maker

*All gift sizes are welcome and appreciated to assist in strengthening the foundations of community!*

## About My Gift

\_\_\_ This is my Individual gift to the YMCA  
\_\_\_ This is a Corporate gift  
\_\_\_ My company \_\_\_\_\_  
   will match my Individual gift  
\_\_\_ I designated my gift through the United Way  
\_\_\_ My gift is through a Donor-Advised Fund

## Payment Plan

**Payment reminder requested:**  
\_\_\_ Monthly through December 2021  
\_\_\_ Quarterly (March, June, September, December 2021)  
\_\_\_ One-time full amount in month of \_\_\_\_\_

**No payment reminder needed:**  
\_\_\_ Payment by my employer through a payroll deduct  
\_\_\_ Payment through my United Way contribution  
\_\_\_ I've set up a recurring payment at [dmymca.org/give](https://dmymca.org/give)  
\_\_\_ Add recurring monthly payment to Y membership draft

## My Recognition Preference

 Gifts of \$250 and above will be recognized.

\_\_\_ Please acknowledge my gift by listing my name as \_\_\_\_\_  
\_\_\_ No public recognition needed or requested

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Confirmed by \_\_\_\_\_, YMCA Campaigner Date \_\_\_\_\_

The YMCA of Greater Des Moines Financial Development office provides administrative processing support to the YMCA branch locations.  
Mailing address: 501 Grand Ave, Des Moines, IA 50309. Phone 515.471.8517.

**THANK YOU FOR YOUR SUPPORT!**